

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						09 / 623 485					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5	1						55				
6							56				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
48							97				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	5						TOTAL DEP.				
TOTAL CLAIMS	7						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS